

DECD encourages all companies to maintain or establish relationships with their local banks for their financing needs.

Have you discussed this project financing with a bank?

_____ Yes, discussed with and/or applied to a bank. Please indicate outcome: _____
 _____ No, because our company is located outside of Connecticut or in a foreign country and is planning to relocate to Connecticut as a part of the project.

Instructions: Complete this form and submit under separate cover the highlighted areas, if applicable, on line, via email or mail to: Michelle Peters, DECD, 505 Hudson Street, Hartford, CT 06106, michelle.peters@ct.gov

Section One: Program (Please check below the component you are applying to)

EXP Revolving Loan (10k-100k) _____ OR EXP Job Creation Incentive Loan (loan 10k-300k) _____ AND/OR EXP Matching Grant (10k-100k) _____

Section Two: Applicant Information

Applicant (Recipient of Funds): _____

Address (City, State, Zip Code): _____ **Website:** _____

Federal ID Number: _____ **State Tax Registration #:** _____

Project Location: _____ **County:** _____

Contact Information: (Name, Title) _____

Tel #1: _____ **Tel #2:** _____ **Fax:** _____ **Email:** _____

Business Industry: _____ **NAICS:** _____

Women Owned Business? (Y/N) and %) _____

Minority-Owned Business? (Y/N and %) _____

Veteran Owned Business? Yes _____ **No** _____

International Exporting Business? Yes _____ **No** _____

Applicant Structure (e.g. LLC, corporation, S-Corp, partnership): _____

Date Established: _____ **State of Incorporation:** _____

Employment: (**Connecticut based jobs**).

Existing: Full Time _____ (**Registered with DOL**) Part Time _____ **Number of hours per week for full-time:** _____

New Jobs: Full-Time _____ Part Time _____ **Anticipated timeframe for new jobs:** _____

Company Status:

- Does applicant have any delinquent State, Federal or Local Taxes? (If yes, submit under separate cover) No _____ Yes _____
- Do any owners/officers have any personal tax issues? (If yes, please provide an explanation.) No _____ Yes _____
- Has the applicant or its owners ever filed for bankruptcy? (If yes, submit under separate cover.) No _____ Yes _____
- Has the applicant or its owners ever been convicted of a felony? No _____ Yes _____
- Does the applicant or its owners have any outstanding, pending or anticipated litigation, environmental, OSHA or other issues outstanding? (If yes, submit under separate cover) No _____ Yes _____
- Has the applicant received prior state financial assistance from other government agencies or departments? No _____ Yes _____
- Did your Company use a Consultant to help put together the documents required for this application? No _____ Yes _____
- If yes, please provide name of Consultant _____
- If your business exports internationally, please fill out the Strategic Export Plan <http://www.ct.gov/ecd/cwp/view.asp?a=3931&q=489792>

Section Three: Assistance Request Information

EXP Grant Amount Requested: \$ _____ **EXP Loan Amount Requested:** \$ _____

*Please note: At the discretion of the Commissioner, financial assistance may require collateral.

Section Four: Additional Information (See list of supporting documents and submit under separate cover)

Section Five: Certification

It is hereby represented by the undersigned to the State of Connecticut including but not limited to the Department of Economic and Community Development to consider the financial assistance requested herein, that to the best of my knowledge and belief no information or data contained in the Application or in the attachments are in any way false or incorrect, and that no material information has been omitted, including the financial statements. The undersigned agrees that banks, credit agencies, the Connecticut Department of Labor, the Connecticut Department of Revenue Services, the Connecticut Department of Energy and Environmental Protection, and other references are hereby authorized now, or anytime in the future, to give the State of Connecticut including but not limited to the Department of Economic and Community Development any and all information in connection with matters referred in this Application, including information concerning the payment of taxes by the applicant, its owners, and executives. In addition, the undersigned agrees that any funds that may be provided pursuant to this Application will be utilized exclusively for the purposes represented in this Application, as may be amended. *** False statements made in the preparation and submission of this applicant and related materials are punishable as a Class A Misdemeanor under Connecticut General Statutes 53a-157b. ***

Section Six: Public Announcement

Please be advised that your company and your job creation/retention project may be highlighted in a press release issued by the State. Company proprietary or trade secret information WILL NOT be disclosed. If you would like additional information concerning this, please contact DECD.

By submitting this document I, (insert Authorized Name/Title) _____ certify and agree to the above.

Signature: _____ **Date:** _____